

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110059-2
SERVICES OTHER THAN PERSONAL

U. S. _____ COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1397

To _____
(Payee)

PAID BY

SAPC 9019
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				23,763.89	
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total\$		23,763.89	

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Amount verified; correct for
(Signature or initials) *JAA*

23,763 89

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

Title _____ (Contracting Officer)

STATOTHR

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____
Cash, \$_____, on _____, 19____ Payee _____
(Sign original only)

{ on Treasurer of the United States in
favor of payee named above.

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* When a voucher is signed or received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and

Title _____

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COST CENTER										DATE		CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR										ACCOUNT	M.J.O.	S.O.	WORK ORDER			
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			1138	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			530	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			1668	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			750	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			750	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			2418	
23	20	20	08	02	6						30522	PETTY CASH	U		5	12700	3024			2418	
																			Total p. 1	330.00	
																			" p. 2	2799.86	
																			" p. 3	3154.04	
																			Total with offset		

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MAJ	INT	SUB	MO	DAY	YR	ACCOUNT	M.J.O.	S.O.	WORK ORDER													
25	20	20	08	10	6	512 0	COLLINS RADIO	528487	8588	5	12700	5024					4433					
25	20	20	08	06	6	51215	MICROLAB	528438	8033	5	12700	5024	12				7500					
25	20	20	08	10	6	51323	LEED INS.	528473	8332	5	12700	5024	13				7500					
25	20	20	08	06	6	51214	MAGNETICS	528221	9633	5	12700	5024	28				12575					
25	20	20	08	10	6	51287	CLIFTON PREC	528696	9338	5	12700	5024	28				12575					
															Total 3		279986					